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WORLD RESEARCH IN ALCOHOLISM

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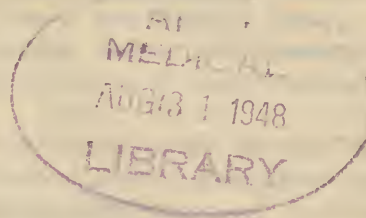
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51. BANAY, R. S. (crim. psychopath., Columbia U., New York): Pathologic reaction to alcohol: I. Review of the literature and original case reports. Quart. J. Stud. Alcohol 4: 580-605, 1944. "The pathologic reaction to alcohol (so-called pathological intoxication) is an exception to all other alcoholic psychoses in that chronic alcoholism is not a necessary prerequisite. It may occur in consequence of an occasional imbibition of a moderate or even small amount of alcohol, as well as an atypical reaction in a chronic alcoholic, with manifestations of violent crime and subsequent amnesia for the event. The literature on this psychosis is reviewed and 12 new case reports are presented." -- Biol. Abstr.
52. CARRATALÁ, R. (toxicol., Fac. Med. La Plata, Buenos Aires): Tratamiento del alcoholismo por el alcohol; consideraciones clínicas y experimentales. (Treatment of alcoholism with alcohol. Clinical and experimental considerations.) Semana Méd., Buenos Aires 2: 420-4, 1943. "Therapy with ethyl alcohol gives very promising results in cases of 'delirious alcoholics, detoxication, etc.' The gradual decrease of intravenous dosage effects not only a rapid decline in delirious conditions and other nervous manifestations, but also tends to break the alcohol habit. Successful results have been obtained in more than 70% of the patients treated. Experiments with dogs habituated to alcohol reveal that habituation must be attributed to the rapid oxidation of alcohol, the increase in resistance of the tissues, or even to cellular hyposensitivity. Intravenous injection of alcohol produces an extraordinarily rapid diffusion of alcohol from the capillaries to the cells. This brief, intense shock is followed by organic reparation." -- Quart. J. Stud. Alcohol.
53. CHAUCHARD, P., MAZOUÉ, H. and LECOQ, R. (Sorbonne, Paris): Importance de la voie d'introduction pour la réalisation et le traitement des intoxications chroniques. (Importance of the route of administration in the production and treatment of chronic intoxications.) C. R. Acad. Sci., Paris 224: 365-7, 1947. Experiments on rabbits demonstrate that "intravenously administered drugs not only cannot produce chronic intoxication but actually cannot maintain an existing intoxication. ... Such injections provide the organism of the toxicomaniac with the poison it demands, prevent withdrawal effects and, since they do not maintain neural intoxication, lead to recovery. ..." -- Quart. J. Stud. Alcohol.
54. CHICAGO COMMITTEE ON ALCOHOLISM (816 S. Halsted St.): Proceedings of the first industrial conference on alcoholism ... designed to bring to the attention of the industrial leaders throughout the United States facts pertaining to alcoholic employees and to discuss ways and means of alleviating and preventing the problem. (edited by William V. Humphrey) Chicago: Industrial Conference on Alcoholism, 1948. 32 pp., paper, \$1.00.
55. DIETHELM, O. (psychiat., Cornell U. Med. Coll., New York): Research project on the etiology of alcoholism. Quart. J. Stud. Alcohol 9: 72-9, 1948. Discussion of program undertaken by Research Council on Problems of Alcohol, research being done by members of the staff of New York Hosp. and Cornell U. Med. Coll. "Investigations of the etiological factors in alcoholism as outlined in this presentation are possible only if all the facilities of a hospital and university are utilized at various phases of the progress of research. In the planning as well as in the actual investigations of the first year the active participants included psychiatrists and workers from the field of internal medicine, physiology, pharmacology, biochemistry, experimental and sociological psychology, and anthropology. This first year represents the orientative phase of a long-term project in which clarification has been obtained with regard to methodology and valuable leads along physiological and biochemical lines in connection with emotions have become recognizable." -- Author.

56. DURFEE, C. H. (Rocky Meadows Farm, Wakefield, R.I.): Some practical observations on the treatment of problem drinkers. Quart. J. Stud. Alcohol 7: 228-39, 1946. "The effect of an individual's drinking, rather than quantity, is the criterion of whether he is a problem drinker and requires help. ... Problem drinking may be a manifestation of personality maladjustment but dependence on alcohol may develop in a seemingly well-organized personality through the process of psychological habituation. The prognosis is most favorable where there is insight and genuine desire for help together with a history of purposeful living. It is more favorable in older men than in younger ones, and more favorable, on the whole, in men than in women. Reeducation succeeds best in a free environment. Alcohol is a better tapering-off agent than drugs. A problem drinker can never drink again, even in moderation, without getting into difficulties. But he can learn to live and enjoy life without alcohol." -- Author.
57. EBAUGH, F. G. and HEUSER, K. D. (psychiat., U. Colorado Sch. Med., Denver): Challenge of alcoholism. Amer. Practit. 1: 549-54, 1947. " ... At the Colorado Psychopathic Hospital during 1946, 12.3% of all first admissions were for alcoholism with or without psychosis, in spite of a rigid admission policy necessitated by available bed vacancies. ..." -- Author.
58. FELIX, R. H. (psychiat., U.S.P.H.S., Washington, D. C.): An appraisal of the personality types of the addict. Amer. J. Psychiat. 100: 462-7, 1944. "From the psychiatric point of view the alcoholic and the drug addict differ chiefly in the drug they use. The following classification of the drug (and hence alcohol) addict is proposed: 1) Normal individuals accidentally addicted (drugs used originally for medicinal purposes); 2) psychoneurotic individuals of all types; 3) individuals without psychosis, but with psychopathic personalities of all types; and 4) drug addicts with associated psychosis. The inadequate individual, whose tolerance for enduring discomfort, conflict, frustration, feelings of inferiority, and similar difficulties, is lower than that of the so-called normal man, is described. For such a person, drugs (or alcohol) are agents which dull awareness of inadequacies. ..." -- Quart. J. Stud. Alcohol.
59. FERNANDEZ, G. J. (Inst. Neurolgia de Montevideo): Los síndromes medulares en el alcoholismo crónico. (Medullar syndromes in chronic alcoholism, with report of cases.) An. Fac. méd. Montevideo 31: 893-908, 1946. "Among the nervous symptoms observed in chronic alcoholism those involving the peripheral nerves and the brain are better known than the medullar ones. A brief review of literature on 'medullar alcoholism'. ..." -- Quart. J. Stud. Alcohol.
60. GLAD, D. D. (psychol., U. Colorado Med. Center, Denver): Attitudes and experiences of American-Irish male youth as related to differences in adult rates of inebriety. Quart. J. Stud. Alcohol 8: 406-72, 1947. 59 ref. "Jewish males in grades 11 and 12 were matched for age, intelligence, and socio-economic status with equal numbers of second-generation American-Irish Catholics and a control group of third-generation American Protestants. Reactions and attitudes on alcohol were assayed through questionnaire, rating scales, and interview. Three hypotheses were tested and rejected: 1) The group protection hypothesis to the effect that low Jewish inebriety rates result from the need for Jews to conform and avoid censure; 2) the parental permissiveness hypothesis, which postulates that a permissive attitude on the part of parents will contribute to a low inebriety rate; and 3) the proof of liquor hypothesis - that high-proof liquors will be preferred by groups with a high inebriety rate. Supported by the data is the thesis that the differences in inebriety rate between Jewish and Irish in America are explicable in terms of the Jewish tendency to drink for socially and symbolically instrumental reasons, and the Irish tendency to use alcohol for personally and socially affective consequences." -- W. L. Wilkins in Psychol. Abstr.

61. GREGORY, R., EWING, P. L. and DUFF-WHITE, V. (int. med. and pharm., U. Tex. Sch. Med., Galveston): Effect of insulin, glucose, and glucose and insulin on the rate of metabolism of ethyl alcohol. Proc. Soc. exp. Biol., N. Y. 54: 206-8, 1943. 17 ref. "There is no evidence from 24 experiments on 6 dogs that insulin, glucose, or insulin plus glucose, increases the rate of metabolism of ethyl alcohol." — Authors.
62. _____, _____, _____, and THOMAS, D.: Effect of sodium pyruvate on the rate of metabolism of ethyl alcohol. Proc. Soc. exp. Biol., N. Y. 54: 209-11, 1943. 7 ref. "Studies on 6 dogs show that the administration of sodium pyruvate by stomach tube or intravenously has no influence on the rate of metabolism of ethyl alcohol." — Authors.
63. HARDER, A. (psychiat., U. Zurich): Das Wesen der Alkohol-Halluzinose. (The nature of alcoholic hallucinosis.) Schweiz. Arch. Neurol. Psychiat., Zurich 58: 102-29, 1946. 55 ref. "... Nine cases of alcoholic hallucinosis ... were analyzed for family history, constitution, personality type, intelligence and sociological data. Detailed analysis showed that the typical form of alcoholic hallucinosis occurs in intelligent, efficient, socially well situated, hyposexual individuals who are extroverts, syntonetic, heavy social drinkers, who have undergone marked changes of personality. The atypical form occurs in more introverted, schizothymic but not psychotic individuals. ..." — Quart. J. Stud. Alcohol.
64. JELLINEK, E. M. (physiol., Yale U., New Haven): Recent trends in alcoholism and in alcohol consumption. Quart. J. Stud. Alcohol 8: 1-42, 1947; or paper, 50 cents, New Haven: Hillhouse Press, 1947. "Per capita consumption of absolute alcohol by U.S. population aged 15 and over is analyzed for the period 1850-1945 by various beverages; consumption of distilled spirits decreased by 53% while beer increased by 862%. In 1910 the estimated number of chronic alcoholics per 100,000 adult population was 1,245; this rate fell sharply between 1915 and 1920, remained between 671 and 682 during 1921-30, then rose, reaching 857 in 1945. The female rate of chronic alcoholism was higher in 1910 (384 per 100,000) than in 1945 (242). During the war years (1940-45) the male rate of chronic alcoholism rose by 22.6%, female rate by 12.6%. In cities of 100,000 population and over the rate of chronic alcoholism is 33.7% higher than in smaller cities and 105% higher than in rural areas. The entire increase in the rate of chronic alcoholism since 1930 occurred in urban areas; in rural areas there was a slight decrease. ..." — Author.
65. KARLAN, S. C. and COHN, CLARENCE (biochem., Michael Reese Hosp., Chicago): Glucose tolerance in chronic alcoholism. Amer. J. Psychiat. 103: 247-8, 1946. "... observed increased glucose tolerance in 22 of 50 chronic alcoholics and a decreased tolerance in 5. Tolerance was normal in 23. The test was performed after the effects of alcoholism had subsided. ... Sugar values more than 5% higher than fasting levels on blood taken after one hour were considered evidence of decreased tolerance or of possible liver disease. If the blood sugar fell below 50 mg. per cent, or fell rapidly, this was considered increased tolerance. Such a response occurred mainly in psychoneurotics and mental defectives. Hypoglycemia (resulting from decreased sugar tolerance) aggravates the alcoholic's feelings of inadequacy and insecurity. Desire for alcohol is increased and a vicious cycle is set up. For this reason the chronic alcoholic may need frequent feedings to prevent hypoglycemia. — Karlan in Yearbook of Neurology, Psychiatry, Neurosurgery, 1946, p. 378.
66. KLEBANOFF, S. G. (psychol., Northwestern U., Evanston, Ill.): Personality factors in symptomatic chronic alcoholism as indicated by the Thematic Apperception Test. J. consult. Psychol. 11: 111-19, 1947. 42 ref. "The Thematic Apperception Test was administered to 17 patients with symptomatic chronic alcoholism. Results indicate a relative absence of aggressive tendencies and marked emphasis on

themes depicting internalized emotional stress. Power and social inferiorities characterize the content of the group as a whole. An interpretation of the group findings in terms of the dynamic interaction of the various factors is presented." — S. G. Dulsky in Psychol. Abstr.

67. LECONTE, M. and DAMEY (Société méd. lég. France): Notes statistiques et médicales sur l'héredo-alcoolisme des malades internés. (Statistical and medical notes on heredoalcoholism in interned patients.) Ann.Méd.lég., Paris 27: 7-12, 1947. "Heredoalcoholism was encountered in the records of 149 of 508 male patients at the Colonie Familiale d'Ainay-le-Château. Dystrophic stigmata, present in 68% of these patients, occurred in 70% of those with alcoholic fathers and in only 45% of those with alcoholic mothers. This is believed to substantiate the observation that paternal alcoholism is more injurious from the hereditary point of view than maternal alcoholism. Heredoalcoholism causes the arrest of intellectual development and weakens the psyche. It should be studied more thoroughly in order to demonstrate to the legislator that alcoholism is an important factor in the causation of mental disorders; it should be included in psychiatric statistics in order to demonstrate the extent of its contribution to psychological dysfunctions." — Quart. J. Stud. Alcohol.
68. LENTZ, T. (attitude research, Washington U., St. Louis): Personality correlates of alcoholic beverage consumption. Character and Personality 12: 54-70, 1943. "A self-administered questionnaire ... was given to 780 persons of whom 28% were total abstainers, 29% drank rarely, 29% were occasional drinkers, and 13% were moderate drinkers. A hundred drinkers, 50 men and 50 women, and 200 nondrinkers, 70 men and 130 women, were selected from the total population of 780. The median ages of the 2 groups were 23.28 for the drinkers and 22.28 for the nondrinkers. High-school, college, and noncollege groups were represented. In all, 1,565 items were considered. 'Approximately one-sixth of these items revealed a difference between the two groups equal to twice the standard error of the differences. By sheer chance only one-fourth as many items would most likely show as much difference.' The resulting differences between the 2 groups are presented in detail. The drinkers were found to be more inclined to smoke and to drink coffee; more liberal, apparently, except with respect to the participation of women in nondomestic activities; less optimistic, less happy, and more inclined to moodiness; more maladjusted socially and emotionally; more tolerant of breaches of generally accepted moral conduct; more international, except with respect to race prejudice; more materialistic and more selfish; more impulsive and affectionate; more interested in the opposite sex; more interested in adventure and active recreational activities; less favorably inclined toward churches and religious activities; more militaristic. ... Limitations of the study, to be corrected in the future, are enumerated." — Quart. J. Stud. Alcohol.
69. LEWIS, A. P. R.: Alcohol and abnormal behaviour in head injury cases. Brit.J. Addict., London 45: 15-38, 1948. Analysis of 36 cases (out of 1200 delinquents) "in which the question of alcohol as a possible factor was raised, and of these a combination of head injury and alcoholic indulgence could be traced in 12 ... Four main points emerge: 1) The person who has received a head injury and is given to alcoholic indulgence is less of a man at 21 years of age than his normal fellows; 2) the shorter the interval between the head injury and the addiction to alcohol the greater the likelihood of abnormal behaviour of an anti-social kind, i.e., the quicker the deterioration in the character of the individual; 3) the mental state in these cases tends to be more markedly abnormal where the combined factors are at work, 75% being unstable; and 4) crimes of violence are commoner in criminals where the two factors of inebriation and cerebral trauma co-exist. They should be considered as a definite pathological group and should receive special treatment to cure the alcoholic habit. At the same time particular attention must be given to the underlying mental condition in each case." — Author.

70. MARSHALL, H. (psychol., U. Utah, Salt Lake City): A study of personality of alcoholic males. Amer. Psychologist 2: 289, 1947. "A combined questionnaire and rating scale was developed for the investigation of the memories of early environment and the evaluation of the present personality of 120 American-born males, aged 20 to 50, who had been committed to mental hospitals in California with the diagnosis of 'chronic alcoholic without psychosis.' A control group of 179 men was selected to form a comparable group in age, educational level, and occupation. The alcoholics differed significantly from the control group in their report of early environment in the direction of homes characterized by greater security, both emotional and economic. In adult personality they are below the level of the controls in all the areas of personality which were investigated: vocational, social, emotional, and marital adjustment. There is some basis for the assumption that alcoholism is more likely to develop in an atmosphere which fails to create in the individual the ability to cope with frustration. ..." -- Quart. J. Stud. Alcohol.
71. MATTHEW, A. (Kohlapur Teachers' Coll., India): Some pathological and criminal results of alcoholism. Indian J. soc. Work, Bombay 7: 214-23, 1946. "The effects of alcoholism are reviewed under the following categories: 1) Removal of inhibition; 2) physiological effects; 3) psychological effects; 4) crime; 5) suicide; 6) pathological mental conditions including alcoholic psychosis in adolescents." -- F. C. Sumner in Psychol. Abstr.
72. MENG, H. (U. Basle, Switzerland): Zur Seelischen erkrankung und Gesundung der Süchtigen. I. Forel, Bleuler, Freud. (On the psychopathology and recovery of addicts. I. Forel, Bleuler, Freud.) Wendepunkt, Zurich 23: 205-10, 1946. A review of the ideas of Forel, Bleuler, and Freud on addiction to intoxicants.
73. ____: Zur Seelischen erkrankung und Gesundung der Süchtigen. II. Über Konstitution, Konstellation, Krankheitsanfälligkeit und Charakter der Süchtigen. (On the psychopathology and recovery of addicts. II. Constitution, constellation, pathogenic susceptibility and character of addicts.) Wendepunkt, Zurich 23: 248-53, 1946. "The supposedly inherited nature of **psychically conditioned addiction** is discussed. That addiction is frequently found in persons from families with psychopathological taint should not blind one to the role of the social factor. The greatest number of alcoholic addicts show no hereditary taint but rather come by their addiction through imitation, bad companions, pleasure in drinking, and vocation. Psychoanalysis shows that the addicted have experienced severe psychic injuries in childhood and puberty. ..." -- F. C. Sumner in Psychol. Abstr.
74. ____: Zur Seelischen erkrankung und Gesundung der Süchtigen. III. Psychohygiene der Süchtigkeit, speziell des Alkoholismus. (On the psychopathology and recovery of addicts. III. The mental hygiene of addiction, particularly of alcoholism.) Wendepunkt, Zurich 23: 281-6, 1946. "The most important thing for prevention of alcoholism is the recognition in childhood of individuals disposed by circumstances to addiction and the rendering of assistance to them in mastering the burden of conflict. ..." -- F. C. Sumner in Psychol. Abstr.
75. MEZEY, K.: Experimental study of chronic alcoholism. An. Soc. Biol. Bogota 1: 18, 1946. "In frogs which had been treated with ethyl alcohol for 3-5 months the fat content of brain, liver, kidneys, and striated muscles was increased by 39-67%, while N content diminished. The liver lost 90% of its glycogen. Also the total fat in the brain of frogs and rabbits was increased by 24%. Conclusions: Tolerance to alcohol is due to a change in its distribution in the various organs. This probably explains the altered reaction of the alcoholic toward anaesthetics." -- F. Fromm in Chem. Abstr.
76. NORMAN, J. P. (psychiat., Vet. Hosp., Northampton, Mass.): Alcoholic hallucinatory states. Quart. J. Stud. Alcohol 5: 563-74, 1945. "Norman reviewed 292 cases of so-called alcoholic hallucinosis. In approximately one-third of the

cases in which this diagnosis was made on admission, a rediagnosis of chronic hallucinosis, schizophrenia or manic-depressive psychosis was made later. A more adequate history of the prepsychotic personality might have assisted in early diagnostic accuracy. The case material suggested that a psychosis in a young, introverted alcoholic addict often produced a schizophrenic-like reaction, with a poor prognosis. Excessive drinking by an extroverted person, on the other hand, may produce a manic-like psychosis with a favorable outlook. Electroshock treatment appeared to have been of limited value." -- Beck in Arch. Neurol. Psychiat. Chicago.

77. O'HOLLAREN, P. (Shadel Sanit., Seattle): Pentothal interview in the treatment of chronic alcoholism. Calif. Med. 67: 382-5, 1947. "Pentothal interview is used at Shadel as an adjunct in a more comprehensive therapeutic program which includes conditioned-reflex treatment, follow-up studies and social rehabilitation. ... Of 35 patients who received pentothal interview and subsequently could be observed for a length of time, 51.4% remained abstinent for an average of 12 months. These were the most difficult cases; some would not have been accepted for treatment in earlier times. Pentothal interview is of value as an aid to diagnosis in treating chronic alcoholic addicts. Its use in the production of narcosis during which psychotherapy is administered in the form of hypnotic suggestion, re-education, and narcosynthesis, offers promise as an adjunct in treatment of selected cases of chronic alcoholism." -- Quart. J. Stud. Alcohol.
78. POPENOE, P. (Amer. Inst. Family Relations, Los Angeles): Heredity and environment as related to alcoholism. Eugen. News 31: 35-8, 1946. "1) That alcohol does not change the germ plasm in such a way as to produce defective offspring has been demonstrated by long continued laboratory experiments with mammals and supported by studies of children of alcoholics; 2) studies of direct inheritance of a predisposition toward alcoholism are inconclusive but 'individuals from alcoholic families need to take much greater precautions than others;' 3) general measures of mental hygiene will tend to reduce alcoholism; 4) alcohol is a reasonably effective but expensive and wasteful instrument of natural selection in eliminating strains which have mental disease and various kinds of personality disorders." -- M. V. Louden in Psychol. Abstr.
79. RESEARCH COUNCIL ON PROBLEMS OF ALCOHOL (60 E. 42nd St., New York): Principles for public action on problem drinking. A guide to model legislation. 13 pp. Paper. Adapted by Joseph Hirsh, Acting Director, from a paper by Dr. Anton J. Carlson.
80. ROE, A. (psychol., Yale Univ., New Haven): Alcohol and creative work. Quart. J. Stud. Alcohol 6: 415-67, 1946. "... studies carefully the life history of some 20 living painters who are universally recognized for their great achievements. In addition to the regular interviews and the discussion of the use of alcohol by each of the 20, the Rorschach and Thematic Apperception Tests were given to all of them. The results cannot be easily summarized, but the conclusions are that there is great variation in the alcoholic habits of the subjects, 5 being moderate drinkers, 9 steady social drinkers, and 6 excessive drinkers. No abstainers could be found. 'With one exception they have all found that alcohol is not a good stimulus to creative work, and they do not use it consciously for this purpose.' ..." - K. M. Bowman in Amer. J. Psychiat.
81. _____ and SHAKOW, D. (psychol., Ill. Neuropsychiat. Inst., Chicago): Intellectual functions in alcoholic psychoses. Quart. J. Stud. Alcohol 4: 517-22, 1944. "Psychometric examinations were given to 30 chronic alcoholics with psychosis and 16 patients with acute alcoholic psychosis, all males, in a state hospital. Mental ages were determined on Stanford-Binet (1916), and mean scores for vocabulary, DF and DB. These are compared with a suitable normal group and with a group of general paretics. The chronic alcoholics were significantly lower on mean MA, DF and DB, and on 6 individual items of other types, than the normals, those with acute alcoholic psychosis were lower only on DF. The chronic alco-

holics surpassed the paretics on all averages and most items, and in a few items the difference is significant. It is concluded that the chronic alcoholic with psychosis shows changes similar to those observed in other psychoses." -- Roe in Biol. Abstr.

82. ROSENWALD, A. K. (psychol., Ill. Neuropsychiat. Inst., Chicago): A comparison of the Rorschach and Behn Rorschach tests based on a study of chronic alcoholic subjects. Amer. Psychologist 2: 270, 1947. "The Rorschach and Behn Rorschach tests were presented to 30 patients hospitalized for alcoholism. No significant differences were found in the formal scoring factors in the two tests. The more prominent features of the personality structure of the alcoholic would seem to indicate 'low intellectual drive, overemphasis on concrete aspects of the environment, diminished internal drives and emotional relationships, high perceptual accuracy, and stereotyped thinking which is adaptable to intellectual standards.'" -- Quart. J. Stud. Alcohol.
83. SELIGER, R. V. (psychiat., Johns Hopkins Hosp., Baltimore): A guide on alcoholism for social workers. Baltimore: Alcoholism Publications, 1945, 94 pp. \$2. "A collection of 7 papers on alcoholism: 1) The psychiatrist talks about alcoholism; 2) the role of psychiatry in alcoholism; 3) the Rorschach analysis technique as a means of determining therapy for the patient with an alcohol problem; 4) test questions for early signs of chronic alcoholism; 5) common-sense re-educational guides for the abnormal drinker; 6) Is a diagnostic clinic for alcoholism a necessary part of a sound community program? and 7) social pathology in contemporary alcoholism in America. Alcoholism is viewed not only as a personal illness requiring therapy but also as a growing community problem." -- J. C. Franklin in Psychol. Abstr.
84. VOEGTLIN, W. L. (neurol., Shadel Sanit., Seattle): Conditioned reflex therapy of chronic alcoholism. Ten years' experience with the method. Rocky Mount. med. J. 44: 807-12, 1947. "Over 4,000 cases of 'chronic alcohol addiction' have been treated by the conditioned-reflex method in Shadel. Over half the patients are treated successfully by the conditioned-reflex method alone; others require also physical and social rehabilitation, psychotherapy, and other specialized procedures, such as pentothal interviews. The conditioning procedures and the technique of injection of emetine are described. ... True conditioning may be achieved only if all details of the conditioning session are followed scrupulously. It should be almost physically impossible for a properly conditioned patient to relapse immediately after treatment. Conditioning cannot be carried out at home as some suggest. Periodic reinforcement of conditioning is of great value because it brings the patient into further contact with the therapist and prevents overconfidence. ..." -- Quart. J. Stud. Alcohol.

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